HMO Renewal Projection Report

Summary File Name: PHE_Unwind_Renewal_Projection_MMDDCCYY.CSV

Frequency: Monthly

Channel: SFTP

Summary

Report Column	Details	Max Field Size	Format	Optional or Required?
Medicaid ID	Indicates the unique Medicaid identifier of the member.	10	NUMERIC	Required
CARES PIN	Indicates a number which uniquely identifies a member within CARES.	10	NUMERIC	Required
CARES Case	Indicates a number which uniquely identifies a household.	10	NUMERIC	Required
HMO Payee ID	Indicates the unique identifier of the HMO Plan in which the member is enrolled.	10	CHARACTER	Required
HMO Name	Indicates the name of the HMO Plan in which the member is enrolled.	50	CHARACTER	Required
First Name	Indicates the first name of the member.	15	CHARACTER	Required
Last Name	Indicates the last name of the member.	20	CHARACTER	Required
Suffix	Indicates a name/number that further describes the individual (eg: 2-Sr,3-III).	3	CHARACTER	Optional
Primary Person Indicator	Indicates whether the member is the main point of contact and primary member for their CARES case household.	1	CHARACTER	Optional

DOB	Indicates the date of birth of the member. The format for this field is mm/dd/yyyy.	10	DATE	Optional	
Gender	Indicates the gender of the member. Valid values for this field are M and F.	1	CHARACTER	Required	
Benefit Plan	Indicates the member's benefit plan as it is shown in ForwardHealth, such as BCSP or SSI.	4	CHARACTER	Optional	
Med Stat	Indicates the medical status code on file in CARES for a member.	2	CHARACTER	Optional	
Renewal Due Date	Indicates the member renewal due date on file in CARES. The format for this field is mm/dd/yyyy.	10	DATE	Required	
Address Line 1 – Home	Indicates the member's home address line 1 in CARES.	80	CHARACTER	Optional	
Address Line 2 – Home	Indicates the member's home address line 2 in CARES.	80	CHARACTER	Optional	
City – Home	Indicates the city in which the member has on file for their home address in CARES.	15	CHARACTER	Optional	
State – Home	Indicates the state in which the member has on file for their home address in CARES.	2	CHARACTER	Optional	

Zip+4 – Home	Indicates the state in which the member has on file for their home address in CARES. 0's converted to blanks for Zip+4.	9	CHARACTER	Optional
County – Home	Indicates the home county in which the member has on file for their home address in CARES.	2	NUMERIC	Optional
Address Line 1 – Mailing	Indicates the member's mailing address line 1 in CARES.	80	CHARACTER	Optional
Address Line 2 – Mailing	Indicates the member's mailing address line 2 in CARES.	30	CHARACTER	Optional
City – Mailing	Indicates the city in which the member has on file for their mailing address in CARES.	15	CHARACTER	Optional
State – Mailing	Indicates the state in which the member has on file for their mailing address in CARES.	2	CHARACTER	Optional
Zip+4 – Mailing	Indicates the state in which the member has on file for their mailing address in CARES. 0's converted to blanks for Zip+4.	9	CHARACTER	Optional
Mailing Address Last Updated Date	Indicates the date of the last time the member updated their mailing address in CARES. The format for this field is mm/dd/yyyy.	10	DATE	Optional
Phone Number - Home	Indicates the home phone number in which the member has on file in CARES.	10	CHARACTER	Optional
Phone Number - Work	Indicates the work phone number in which the member has on file in CARES.	17	CHARACTER	Optional
Phone Number - Cell	Indicates the cell phone number in which the member has on file in CARES.	10	CHARACTER	Optional
Phone Number - Message	Indicates the message phone number in which the member has on file in CARES.	17	CHARACTER	Optional

Email Address	Indicates the email address in which the member has on file in CARES.	50	CHARACTER	Optional
Preferred Contact Method	Indicates the preferred contact method which the member has on file in CARES.	200	CHARACTER	Optional
Race	Indicate the race of the individual. Values include: American Indian/Alaskan Native, Asian, Black/African American, Hawaiian/Other Pacific Island, White, Other, Unknown, Decline to answer, Multi-race	500	CHARACTER	Optional
Ethnicity	Indicates if the member is Hispanic. Values include: Hispanic or Latino/a, Non-Hispanic or Latino/a, Not Available	500	CHARACTER	Optional
Language	Indicates the primary language of the member.	200	CHARACTER	Optional
IM Consortia / Tribal Agency	Indicates the consortia or tribal IM agency of which the member is associated to.	40	CHARACTER	Optional
ACCESS Account Indicator	Indicates whether the member has an ACCESS account or not.	1	CHARACTER	Optional